



Falls Risk Assessment and Interventions for Inpatients

<i>Initial Assessment to be completed within 24 hours of admission. Reassessment to be completed weekly thereafter, following a fall and/or when condition changes.</i>		DATE/ TIME:	DATE/ TIME:	DATE/ TIME:	DATE/ TIME:
Choose one option from each section: choose highest score if more than 1 applies		SCORE (Circle)	SCORE (Circle)	SCORE (Circle)	SCORE (Circle)
1. Mobility	Ambulates with no gait disturbance Ambulates or transfers with assistive device or assist Ambulates with unsteady gait and no assistance Unable to ambulate or transfer	0 1 1 0	0 1 1 0	0 1 1 0	0 1 1 0
2. Mental Status	Alert, oriented X 3 Impaired judgement Periodic confusion Confusion at all times Developmentally delayed	0 1 1 1 1	0 1 1 1 1	0 1 1 1 1	0 1 1 1 1
3. Elimination	Independent in elimination Independent with frequency or diarrhea Needs assistance with toileting Incontinence	0 1 1 1	0 1 1 1	0 1 1 1	0 1 1 1
4. Fall History	Yes – Before admission (within the last month) Yes – During current admission Date: _____ Unknown No	1 3 1 0	1 3 1 0	1 3 1 0	1 3 1 0
5. Current Medications	Medications for sleep, mood control, diabetes, seizures, antiarrhythmics, narcotic, antihypertensives/diuretics and antiemetics 1 or more of above medication None of the above medications	1 0	1 0	1 0	1 0
Additional Risks <i>Check all that apply:</i>	Agitation Patient trying to get out of bed/chair unsafely Vision issues affecting function Orthostatic hypotension (drop in systolic BP > 20mm Hg when lying to standing) Dizziness/Inner Ear/Balance (Mobility) Sensory issues (numbness, tingling) History of broken bones or osteoporosis Alcohol/substance abuse Malnutrition	1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1
SCORE / INITIALS	<input checked="" type="checkbox"/> All patients – apply Universal Precautions <input type="checkbox"/> Score of 3 or more – High Risk for falls, apply Falls Prevention Management Protocol including Universal Precautions and High-Risk Precautions.	TOTAL			

Final Steps:

- ➔ Document assessment and Falls Risk Score on the Patient Kardex
- ➔ Implement all Universal Precautions
- ➔ Review and implement applicable High-Risk Precautions
- ➔ Communicate assessment to patient care team, patient/family/designate
- ➔ Inform facility/support person of falls risk assessment and precautions implemented. Document on IPN
- ➔ Repeat assessment weekly, if patient falls, if condition changes or a change in environment.



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Universal Precautions - Apply to all patients	Implemented <input type="checkbox"/> YES
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Complete Transfer and Mobility Checklist prior to any transfer <input checked="" type="checkbox"/> Repeat assessment weekly or if patient falls/condition changes <input checked="" type="checkbox"/> Ensure adequate hydration and nutrition <input checked="" type="checkbox"/> Assist with toileting as required <input checked="" type="checkbox"/> Analgesic(s) as ordered and required <input checked="" type="checkbox"/> Ensure patient has what they require within reach <input checked="" type="checkbox"/> Ensure proper use and function of eyewear and hearing aids <input checked="" type="checkbox"/> Once an hour check (at minimum) <input checked="" type="checkbox"/> Bottom bed rails down unless otherwise indicated 	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Ensure Patient Transfer and Handling Requirements – are posted on Patient’s Communication whiteboard <input checked="" type="checkbox"/> Remind patient to ask for assistance <input checked="" type="checkbox"/> Mobility aide within reach if applicable <input checked="" type="checkbox"/> Ensure use of proper clothing and foot wear <input checked="" type="checkbox"/> Stretcher/bed in low position with brakes on <input checked="" type="checkbox"/> Assess and manage environmental hazards, i.e.: spills <input checked="" type="checkbox"/> Ensure proper lighting <input checked="" type="checkbox"/> Ensure environment free from clutter
High-Risk Precautions - Options available for consideration	
<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Apply yellow armband to patient <input checked="" type="checkbox"/> Update Falls Risk on Patient Communication Whiteboard <input type="checkbox"/> Toilet at regular intervals <input type="checkbox"/> Incontinent products, specify: _____ _____ _____ <input type="checkbox"/> Bedside commode/urinal <input type="checkbox"/> Dangle before standing, ankle pump while sitting before standing, rise from sitting to standing slowly, sit down if <input type="checkbox"/> Bed/chair alarm <input type="checkbox"/> Fall Mat <input checked="" type="checkbox"/> Communicate patient risk & safety plan at Information at Care transitions 	<ul style="list-style-type: none"> <input type="checkbox"/> Consult Physiotherapy <input type="checkbox"/> Consult Occupational Therapy <input type="checkbox"/> Consult Mental Health Liaison Nurse <input type="checkbox"/> Consult Social Worker <input type="checkbox"/> Consult Dietitian <input checked="" type="checkbox"/> Pharmacy <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Medication review <input type="checkbox"/> Consider Vitamin D and Calcium <input type="checkbox"/> Family/volunteer involvement in patient care. Specify: _____ _____ _____
Handouts:	Other Interventions:
<input type="checkbox"/> Falls and You.... Most falls are preventable	<input type="checkbox"/> _____